



**ISG- Young Adult Transition Committee
May 8, 2006
Meeting Minutes**

In June 2005, the Arizona Department of Health Services, Office for Children with Special Health Care Needs was awarded a three year grant entitled, "Integrated Services for Children with Special Health Care Needs, Priority #5: The President's New Freedom Initiative: State Implementation Grants for Integrated Community Systems for Children with Special Health Care Needs." The Grant was awarded by the U.S. Department of Health and Human Services, Health Resources and Services Administration, Maternal and Child Health Bureau (MCHB). The Grant created the Arizona Integrated Task Force and nine (9) committees comprised of stakeholders from governmental and state agencies, local, and community level providers, parents, children and youth with special health care needs (CYSHCN), and their families. The Youth Transition Committee has been formed for the purpose of addressing transition issues related to children with special health care needs. These issues will be thoroughly addressed by a youth-driven, youth-run, youth-sponsored Youth Transition Summit/Conference in the fall of 2007. The Youth Transition Committee held its inaugural meeting on May 8, 2006.

**Facilitator and
IS Grant Principal
Investigator:**

Jacquilyn Kay Cox, PhD
Section Manager: Data, Planning & Evaluation
Office for Children with Special Health Care Needs
Division of Public Health Prevention Services
Arizona Department of Health Services

Attendees:

Theresa Armstrong, Transition Specialist, Arizona Department of Education
Cathleen (Katie) Barclay, MA, Senior Project Coordinator, Youth In Transition Programs-ASU
Rebecca Burch, MA, CRC, Direct Services Project Manager, Arizona Department of Economic Security
Oly Cowles, Administrator, Arizona Department of Juvenile Corrections
Jacquilyn Kay Cox, PhD, Section Manager: Data, Planning & Evaluation, ADHS-OC SHCN
Jay Dashefsky, Youth Leader, Southwest Institute for Families and Children with Special Needs
Deidra Diggs, Care Coordination Manager, ValueOptions

Jason Geroux, Public Outreach Coordinator, Arizona Governor's Council on Developmental Disabilities
 Tim Hults, Youth Leader, Southwest Institute for Families and Children with Special Needs
 Odell Joshua, Care Coordinator, ValueOptions
 Cindy Lopez, Adolescent Youth
 Jannette Maldonado, Care Coordinator, ValueOptions
 Beverly Plonski-Fuqua, RN, for Judie Walker, ADHS-OCSHCN
 Shannon Shiver, Children's Program Liaison-NARBHA, Arizona Department of Health Services
 Christopher Smith, Youth Leader, Southwest Institute for Families and Children with Special Needs
 Lubna Tabassum, Adult's Program Liaison-NARBHA, Arizona Department of Health Services

MEETING ITEM	SPEAKER	DISCUSSION	ACTION ITEMS
Welcome and Introductions	Jacquilyn Kay Cox, PhD; ADHS-OCSHCN	Dr. Cox welcomed all the participants to the ISG-Youth Transition Committee meeting with a special thank you to the youth members in attendance. It is our hope that you continue your involvement either in person or via the Internet. Each member participant introduced themselves to the group and gave a brief background on their involvement with special health care needs youth.	*Visit ISG website at www.azis.gov
	Jay Dashefsky, Tim Hults, Christopher Smith; Southwest Institute (SWI)	Jay, Tim, and Chris gave a background on the Southwest Institute's Fast Track Program for youth. The Fast Track Program helps to educate local area high school and college youth with special health care needs of what is out there in life after school and as an adult. It is a 5 week course with seven modules designed to help young adults acquire the skills necessary for a satisfying journey on the highway of life. The course offers resources and training in money management, housing, employment, and various other issues.	*Visit Southwest Institute website at www.swifamilies.org to learn more about the Fast Track Program for high school and college youth transitioning to adulthood
		Dr. Cox advised the youth attending the meeting that their time and travel would be compensated.	

Overview of Integrated Services Grant	Dr. Cox	The Integrated Services Grant, awarded to 13 states, inclusive of Arizona, focuses on implementing services that are community-based, and address the needs across the entire scope of services for children with special health care needs.	
	Dr. Cox	Children with special health care needs are defined by Maternal and Child Health Bureau as a child that needs more pharmaceutical, medical, and psychological services than a child of similar age, to address a medical condition that is expected to last 12 months or more. It is very inclusive of physical conditions, behavioral conditions, genetic conditions, learning disabilities, etc. Historically, our office has been more aligned with physical disabilities and we are trying to integrate with behavioral health because children with physical challenges may also have behavioral health challenges. Oly Cowles from Juvenile Corrections works with incarcerated youth. These youth may have many special needs that have not been traditionally addressed. We are trying to integrate across the populations that we will potentially serve. The next level is integrating across various agencies to service these children.	
		The unifying theme of our particular Integrated Services Grant is the MCHB National Performance Measures. The six performance measures were reviewed.	
		One of the ways that we are addressing this is to have issue-specific committees to address the topics of Transition, Quality Improvement, Cultural Competency, Parent and Youth Action, and Education to name a few. It is our goal for services to be integrated at the community level, be family-centered, and be parent and youth driven.	
		We pay special attention to parent and family members as being key decision-makers in the service delivery decision mechanism. One challenge is that every child is insured or has the ability to financially cover the services they need.	
Overview of the IS Grant - and other statewide integration projects	Dr. Cox	In Arizona, one of the biggest projects underway is the universal application. There should be one place where the minimum variables are kept. DES/AzEIP (Arizona Early Intervention Program, AHCCCS, and OCSHCN are working on creating a pilot universal application.	*Utah has an universal application. Go to Utah Clicks (website) and/or the Utah State University website. *DES/AzEIP, AHCCCS, OCSHCN working on creating universal application.

Overview of the IS Grant (con't)	Dr. Cox	Other various integration activities are currently going on. Mountain Park Community Health Center has a systems integration planning grant to look at integrating primary care and behavioral health care.	
		There is the Early Childhood Comprehensive Systems Implementation Grant in the Office for Women's and Children. You might be most familiar with these grant activities through the School Readiness Board.	
		The AZ Health Query is a data integration project that is integrating databases from birth, death, community health records and hospital discharge records to create a database system where you can access information that describes the health of the community.	
		The Transition Leadership Team, which is headed by the Department of Education, pulls many resources together under the umbrella of transition.	
		Then finally, 211, is attempting to bring all the communities referrals networks into one system.	
		Our grant consists of two components, one being the Task Force and the sub-committees, and the second piece is the Medical Home Project. The Task Force is made up of about 60 people. The members include state agencies, legislators, providers and families of CSHCN. The most recent addition was Matt Wangeman who is the Chair of the Governor's Council on Developmental Disabilities. Their task is to pull all the information from the various sub committees together and, at the end of the three year grant period to submit a white paper to the Governor with recommendations on what needs to be changed to have integrated services for children with special health care needs.	*Task Force will compile a white paper to the Governor at the end of the three year grant.
		The Education and Training Committee will standardized, competency-based education modules for professionals, family members, and youth that will ensure that an effective message is being delivered on topic. Medical Home is a top priority.	

		Our E-Learning Management System is a WEB-based educational delivery system that will allow people to go online, take an educational offering, and get continuing education credit. Participants can engage in a chat room or live discussion with other people who have taken those same educational offerings.	*ADHS / E-Learning Management System
		The Cultural Competency Committee will be evaluating if services are provided in a culturally competent way. This goes beyond just translation services or language. For examples, it is finding out if the elders, in that system, have more to say in the decision making process than the parents.	
		The Specialty Services is another technology-oriented committee that is looking at integrating tele-medicine services across the state. There are many agencies that have their own telemedicine systems and they do not always talk to one another. This committee will look at the costs of tele-medicine and ways to streamline the entire "medicine by television" issue.	
Overview of the IS Grant (con't) and other statewide integration projects	Dr. Cox	The Healthcare Funding Committee will examine insurance coverage, whether it be public or private. This committee will begin sometime in the next couple months. They will look at the possibility of blending and braiding funding from multiple agencies. More of "can the dollar follow the child not the agency"?	
		The Quality Improvement Committee was mandated by the grant and will look at the achievement of the goals and objectives of the grant.	
		The Parent Action Council was also mandated by the grant. This is to involve parents, in a structured way, in the activities of the grant. Also, they will make sure that the other grant committees have active input from parents and youth. They will be coming up with ways to make sure that parent and youth involvement is achieved and remains pro-active.	
		The Youth Action Council is this group in a new form. This group is mandated by the grant and they are to provide youth oversight to all the grant activities.	*ISG Youth Council is now Youth Transition Committee

		<p>You may have heard about our Community Development Initiative (CDI). Beginning eleven years ago, OCSHCN began to provide administrative support to community based teams made up of families of CSHCN, agency staff, teachers, providers, and other community members. Over the last 11 years, this has resulted in the development of 13 teams throughout the state of Arizona. The purpose of these teams is to look at treatment, services, education, and whatever else is going on at the community level. Most recently, they have started the "SmartCard". This involves training emergency personnel in identifying children with special health care needs when they respond to emergencies. The overall philosophy is that treatment needs to be delivered locally, and it needs to be family centered. The family as the key decision maker. This has now evolved to other agencies throughout the State and that is what we call the Community Development Initiative.</p>	
		<p>Mr. Oly Cowles is very active in the CDI-AZ. AHCCCS has stepped to the table. DDD and the Governor's Council are involved. They are actively funding parent leaders at the community level.</p>	
		<p>There are 2 new Community Development teams. One on the Hopi Reservation that will be made up of Hopi families. The Sickie Cell team will be looking at ways to get sickie cell patients' medical protocols on jumpdrives so that emergency room doctors can access the sickie cell patient's entire medical history.</p>	
Overview of the IS Grant (con't) and other statewide integration projects	Dr. Cox	<p>The Integrated Services Grant also adopted a new committee that was in existence prior to the Grant. The ArMA Committee (Arizona Medical Association) is now a sub-committee looking at adolescent health issues. That group is primarily made up of physicians that are ArMA members and they have developed an Adolescent Health Plan, which is on our website, and their task now is to get that plan implemented in Arizona.</p>	*Adolescent Health Plan on website www.azis.gov
		<p>The Medical Home Project is just beginning. There will be 4 sites, 2 will be private practitioners offices and 2 will be school-based clinics. In each of the sites, OCSHCN will pay for a full time screener and a part time care coordinator. We are looking at 2 hypotheses here. If we have a full time screener available on site for every child, will we identify more unmet needs of children when there is a defined screening process. We are not only looking at developmental delays, we are looking mental health issues, dental issues, and transition issues. Once potential children are identified, the care coordinator assists the individual in obtaining appropriate services.</p>	

Committee Purpose and Objectives	Dr. Cox	We brought this group together to decide what our role would be with youth in this particular grant. We don't want to just create another forum where ideas are brought up and passed on; we want to carry out action items that are driven by youth, implemented, and monitored by youth. It is really about youth with special health care needs and any transition issue that they may encounter. The idea of a conference is out on the table as a suggestion, idea and philosophy. To educate youth, parents, and professionals about the issues facing youth as they transition from anything to anything. Incarceration transition to living in the community, or from a school setting to a job setting, or secondary education facility to college, etc. The Maternal and Child Health Bureau and ADHS-OCSHCN defines transition as occurring between 14 and 22 years of age. The question is, "are agencies planning for transitioning out of programs. And how are they planning for it along with what specifics do they look for.	*Youth Transition Committee driven by youth, implemented by youth, monitored by youth
		We are looking at having a one day conference once a year. Then a ½ day conference multiple times throughout the course of the year. Also, having access to a website completely devoted to issues around youth. We have the E-learning Management System which will have a chat room to participate in.	
Brainstorming about Summit	Dr. Cox	Some of the youth from Southwest Institute are here. Before the meeting, they were talking about one issue they had interest in and that was to somehow make Dial-A-Ride more user friendly.	*See Brainstorming chart of ideas attached
	Jay Dashefsky, Southwest Institute	At least more available. I live in north Scottsdale and they don't even have it. Even if they did have it, I would have to change vans a lot.	
	Christopher Smith, Southwest Institute	I live in Glendale and they stop at 67 th and Peoria and that's about it.	
	Dr. Cox	So we have multiple zones and dead zones on Dial a Ride	
	Jay Dashefsky	Right, I live in a dead zone.	
	Dr. Cox	So how do you get around	
	Jay Dashefsky	Friends, parents. There are other services available through ABIL (AZ Bridge to Independent Living), Governor's Council has a contact. Also, Maricopa County Special Transportation Services which I highly recommend. But no Dial-a-Ride.	

	Chris Smith	Pointed out that not only are there dead zones with no services, but sometimes, even a short trip becomes hard because of the transfers he has to do. And that's because of the zones. Eliminate the zones.	*Eliminate Dial-A-Ride multiple zones and dead zones
	Dr. Cox	So let's take some global issues. We have transportation. What would be another issue that would impact youth that are trying to gain independence, operate in the world in a somewhat independent manner.	*Transportation lacking (Dial-A-Ride availability)
	Jay Dashefsky	In terms of making people more self sufficient, I would improve employment. Make more options available, for example,a youth who wants to get a job that would make it possible for advancement. They start at entry level and this person is in a wheelchair and the second level, to get a promotion, would involve say climbing a chair and putting posters on walls. Or doing tasks that they are physically unable to do. That jeopardizes their chances of getting promoted. And their chances should be made easier somehow so that their employer doesn't say "they can't get promoted because they cannot perform the required tasks of the job".	*Employment opportunities not always open to advancement because of disabilities
	Dr. Cox	Isn't there protection under the American with Disabilities Act law for instances like that?	
	Jay Dashefsky	It would seem logical. I guess that we could go to employers and see what they have to say. I have seen certain handbooks that say, "if you are promoted to this position, you have to help the person in your old position with tasks, but they don't reasonably accommodate the people in wheelchairs."	
Brainstorming about Summit (con't)	Cindy Lopez, Adolescent	We need to keep motivated too. And if there are resources out there to help.	*Motivational resources in the workplace
	Dr. Cox	Does the Dept of Corrections provide some transition with regards to employment?	
	Oly Cowles, Administrator, AZ Dept of Juvenile Corrections	We have vocational opportunities. But looking at barriers, one of the biggest barriers I have experienced is education. A lot of the kids that have been through our system, have already been expelled or suspended from school. Statutorily, schools are required to accept when they come out of ADJC, but they will come up with every reason you can imagine in order to NOT accept them. Once we twist their arm and say you must take this child back, then they find a reason to get rid of them.	*According to law, schools are required to accept incarcerated youth <i>back</i> into their school and they do not, or they find reasons to accept them and move them somewhere else.
	Dr. Cox	That must happen with behavioral health issues in general not just that they moved from incarceration. Children acting out in school, not following rules, etc. Do they find some way to move <i>them</i> somewhere else? Has that happened?	

	Shannon Shiver, ADHS-BHS	I don't think other states operate that way. There is no tolerance in the school system here. If a child gets in trouble once, or a couple times only, he is out of the public school system.	
	Dr. Cox	So does the state set up alternate school systems that are parallel?	
	Katie Barclay, ASU, Youth in Transition Program	Charter Schools	
	Shannon Shiver	There are alternative schools but it is the quality of the education. The kid goes to school for maybe 4 hours and not a full day.	
	Katie Barclay	Even with the charter schools that do exist, if the kid comes out near the end of the semester, they won't take back because either they are not accepting children till the next year, or they have missed a portion of credits and can't make them up.	
	Dr. Cox	One barrier I see is age, whereby at 18, there is no planning for the child. There does not seem to be thoughtful planning at the state level or systems level with what a kid is going to do now in terms of jobs, employment, careers. I see the system stopping at 18 and at 21.	
Brainstorming about Summit (con't)	Katie Barclay	You asked what the Department of Juvenile Corrections has. They have a fiscal relationship with Vocational Rehabilitation where they give rehab money for the kids to transition. They have counselors that are dedicated to kids in juvenile corrections to help them start working with employers at 18. So once they are released, they have some place to go. And they follow through with them.	*ADJC's Vocational Rehabilitation programs have counselors that help children at 18
		I have heard that one of the problems is that HIPAA is making it very difficult to share records for eligibility purposes for Voc Rehab. Streamlining that process so that it doesn't take so long from the time they are out, to the time they are determined eligible.	*HIPAA problem in sharing records for eligibility purposes on released youth *Streamline eligibility process in regards to Vocational Rehabilitation so that there is no lack of time from when youth is released, to when he is eligible for Voc Rehab Program.

	Dr. Cox	So for Education, we have an access issue and then a quality issue. Then we have motivation.	*DOE issues: access, quality, motivation
	Dr. Cox	Chris, you are involved with Glendale Community College. Can you tell us what kind of support (not monetary) you receive in the school setting?	
	Chris Smith	I can't write so someone has to take notes for me in class. At the beginning of the semester I went to the teacher and then the teacher asked if anyone wanted to volunteer and if they do, they write on carbon paper. They use carbon paper, they write on the white copy, goes through the yellow copy and they keep the yellow and I keep the white copy. And then as far as my accommodations for tests go, they write down what I tell them to write down.	
	Dr. Cox	And behavioral health? Any accommodations?	
	Deidra Diggs, ValueOptions	As far as behavioral health, what we have tried to do is work with our direct support providers to provide a one-on-one support setting in schools. We try to work with the schools through IEP classes to get that support. We are in a crunch situation where the school does not have availability. We have been working one-on-one with providers to help us do support in a classroom setting.	
	Dr. Cox	How is that initiated?	
Brainstorming about Summit (con't)	Deidra Diggs	It is initiated by the parents through our Child Family Team. The parent will bring the issue forward to the Child Family Team. Then the Child Family Team would brainstorm with the parent on how to address the issue. One way would be to contact the school, through the IEP, and have a conference with teacher to find out what the need is and how the school can accommodate that need and how to get that into the IEP. That is an on-going process.	*ValueOptions have Child Family Teams where parents bring issues and have them addressed, with intervention made by Child Family Team, when necessary. *IEP documentation through schools
	Dr. Cox	So the family must initiate it?	
	Deidra Diggs	Yes, the family must initiate it.	
	Dr. Cox	If I am a teacher and I am very frustrated by this child who needs something in the school, I, as a teacher, do what?	

	Deidra Diggs	If you are the teacher and you know that the child has a Child Family Team or has behavioral health services, you can have a conversation with the parent and then the Child Family Team would probably get involved so they could address it. There is an initiative to get the schools and teachers involved. We want to make sure that our providers include the schools in any aspect or any level. The school does come in and out of the process.	
	Beverly Plonski-Fuqua, ADHS-OCSHCN	If the school personnel wants more information about servicing or in-servicing, they can contact the provider.	
	Dr. Cox	Take that scenario, that we have a school system in place, teachers, parents, providers come together and help the child but the child turns 18, graduates, and is ready for junior college or a work program. What do we have for that age group that is equivalent to IEP and all of these support systems? Where does the person go and where does the IEP go?	
	Chris Smith	There is the intake where you prove you have the disability. When you go to the community college, they will look at the IEP and see what kind of accommodations you received in high school. They can meet those accommodations or improvise in areas. They also have advisors that will help set up your classes and teachers. What teachers will work best for you. Advisors try to direct you and the teachers are accommodating and try to work with you.	
Brainstorming about Summit (con't)	Katie Barclay	What are the accommodations that exist in education settings? Educating children about the different options and resources at college.	
	Dr. Cox	How do kids find out about those resources coming out of secondary education?	
	Chris Smith	Some schools give tours, show the students the options. They discuss what services they can offer.	
	Katie Barclay	If a child elects to stay involved with CPS up until 21, and they are also involved with ValuOptions, receiving mental health services, does the IEP/IFSP continue after the 22 nd birthday?	

	Deidra Diggs	That is a hard question. The Child Family Team has a planning session. A meeting for everyone to get together and plan to what the needs are and the actions and follow up will do. What we encourage is that these meetings continue to happen. Do they still call it the Child Family Team? Most times, after the kids turn 18, they don't want to call it that. They call it "My Meeting" or something like that. We encourage the services providers to continue these meetings.	
	Beverly Plonski-Fuqua	(question to Chris) When you were in high school, did you find that your teacher or staff were informed about your options. Did they have the information? Was there any gap in providing the services?	
	Chris Smith	There was no gap. I felt more tied down by the IEP than I do now. IEPs put things out there that are almost like written in stone. People get more upset because it is like a rule almost.	*IEP too restrictive after age 18?
	Jay Dashefsky	What Chris is saying is true. I was on the 504 Plan. I have seen what a plan can do and can't do. Sometimes it's the instructor, sometimes it's the advisor that doesn't fully understand. Some teachers still humiliate students in class and that's not right. All in all, they are good plans to have because we need something, but they do keep you separate	
	Chris Smith	I've had similar experiences in class. Regular teachers treat us better than some of the special education teachers. Some teachers treat me as one of them, special education teachers treated me like a child.	
	Jason Geroux, Arizona Governor's Council on Developmental Disabilities	It's a community perception. Even with employers that know they have to provide special services. We see it in the rural areas a lot. I serve district 5 and I hear the stories all the time. Parents never meet other parents with the same special needs kids. The population doesn't recognize them because they aren't the norm. There is no support within the communities.	*Jason to supply Dr. Cox with rural contacts. *Impact communities to come together with special needs issues
Brainstorming about Summit (con't)	Dr. Cox	We need to impact that. If we did an educational forum for youth, providers, educational contributors, etc., what would the message that we would want to give and what would be the behavior we would want to change because we did that action.	
	Jason Geroux	Keep it visible and vocal. Visionary and vocal. The youth must tell us.	
	Dr. Cox	(to Rebecca Burch) Rebecca, do you have outreach or advocacy?	

	Rebecca Burch, Arizona's Governor's Council on Spinal and Head Injuries	At the Governor's Council for Spinal and Head Injuries, we assist in finding children with SCI (spinal cord injuries) and help with service coordination. We have different councils.	
	Dr. Cox	So how do we get the word out?	
	Deidra Diggs	The Family Involvement Center may be a resource. Adam Armstrong is a contact.	*Family Involvement Center – Adam Armstrong
	Jay Dashefsky	I am on the same thing Jason is, the Self Advocacy Coalition. He's right with keeping it visible and vocal. And to get politically involved. We worked on getting language changed from words like retarded and disabled to cognitively impaired, and it passed this year.	*New language in legislation – cognitively impaired instead of disabled
		The first barrier is that we need to be looked upon as leaders. To take us seriously. We are trying to put forth a good cause. I urge people all the time to go to the capitol, get heard. If people see we are serious, people will pay attention.	
	Jason Geroux	We did a video that we use for exhibition booths and to get the message out. Almost like advertising and marketing. Rural areas are in desperate need of networking and coordination.	*Self Advocacy Coalition/Jason Geroux video tape – possible use for ADJC and others
	Jay Dashefsky	Informational videos are good and can get younger ages and educate them. Public Service Announcements help. I led my own 504 Meeting and observed that parents and educators need to get the word out. And in doctor's offices, it is overlooked, but the child must speak up. Let the child speak instead of parents.	*Public Service Announcements
	Katie Barclay	Teaching us to listen more.	
Brainstorming about Summit (con't)	Dr. Cox	To get a message out at multiple levels may be difficult based on resources. We need a mentor in the system, giving people information. Then does that translate into action.	
	Chris Smith	It's training too. New teachers in special education need training.	*More IEP training for Special Education teachers and student teachers
	Dr. Cox	And also the student teachers. Train them in doing IEPs.	

	Theresa Armstrong, Arizona Department of Education	In Education, we are required by law to do this and involve youth. We have the Youth Empowerment Initiative at the Dept. of Education. We had a seminar in Vail, AZ where special education students taught teachers and education staff how to address concerns of special needs children. It was student-led. Teachers may be certified in Special Education but not educated specifically in Special Education. I was in Pennsylvania this last week at a Transition Conference where the focus was building parent-youth teams to address specific information. They did a day for professionals, night for professionals and 2 nd day was youth.	*Dept. of Education Youth Empowerment Initiative collaboration
	Dr. Cox	Is this information available on the Internet? How much information is there on school district involvement?	*Theresa Armstrong to send Dr. Cox information on recent Pennsylvania Transition Conference
	Jason Geroux	Junior high and up. People can get involve at the school district level (LEAs) where they can work with families and the family unit.	
	Theresa Armstrong	DOE has an RFP for Community Transition right now.	*Dept. of Education RFP for Community Transition. Due date?
	Katie Barclay	Similar to the Arizona Community Transition Teams.	
	Jason Geroux	And do they reach to rural areas.	
	Theresa Armstrong	The are not bound by geography so I am sure these teams can work out in rural areas. We help the child and the community they are transitioning to.	
	Rebecca Burch	Empowering the youth. For them to be the experts on themselves. Have mentors. College is after high school and these mentors could help the youth. With other issues such as work, if they do not wish to go to college.	*Have mentors for youth, in the system and out of the system *Clear Path program – City of Phoenix
Brainstorming about Summit (con't)	Oly Cowles	We need to look at vocational education. Many of these children and parents don't have the money for higher education.	*Offer more Vocational Education. *EVIT-East Valley Institute of Technology *Maricopa Skills Center
	Jason Geroux	And we are not drawing down as much money as we can. There's 4.5 million that we could pull from the feds for Vocational Rehabilitation. Arizona needs to provide the matching dollars.	*Draw more federal money and grants for Vocational Education

	Theresa Armstrong	An issue we see is once they are in college they can ask for accommodations, but not before they are there as a student. Same with hiring for employment. We want to know about “if you couldn’t get in the college because of a special need”. The same should apply to employment.	*Denied acceptance to colleges or education facilities based on disability. Denied employment based on disability.
	Rebecca Burch	Maybe you need a van, etc. We need to see these instances as a civil right or the system will not change.	*Civil right not to be denied services.
	Katie Barclay	Substance abuse is a problem. Are there accessible programs for substance abuse.	*Accessible programs for substance abuse.
	Dr. Cox	The issues are enormous. Sex education, substance abuse, domestic violence. We have these huge public programs but they are not streamlined to specific populations, like special needs. We need professional level mentors in some aspects.	*Professional mentors
	Oly Cowles	If we are talking about youth to adult transition, we must talk about housing. It is such a vital topic. Housing for the homeless if they are transitioning.	*Housing for youth to adult transition (homeless included) is very important.
	Dr. Cox	So we have issues. What do we do next, who do we need to come to the table?	
Other agenda items- Assignments	Discussion	Please see the attached brainstorming charts of ideas. Feedback includes involving the business community, transportation, vocational rehabilitation, housing, state agency involvement (CPS-Youth Adult Program, ADJC, DES), rural representation, charter school representatives, school district representatives, best practices people, kids from the Family Involvement Center and other Child Family Teams, advocacy groups, get lobbyists, call senators and house representatives. Governor’s Council can be a big resource. Some tools discussed were surveys, teleconferencing, brochures, research on training programs.	*All participants will email Dr. Cox on participants to earmark for the Youth Transition Committee *ADJC CD or video “Racing to the Future”
			*Jay will ask SWI what he can share with us. *Patti Hackett from Healthy Ready to Work (HRTW) to be committee consultant
			*Arizona Integrated Girls Initiative (started end of 2004-2005) – ASU

			*Visit Dept. of Juvenile Corrections website at www.adjc.gov
Next Steps		<u>NEXT STEPS</u> Membership – the buy-in Business Community Voc Rehab CPS Transportation Clear Path Rural (OCSHCN parents/youth) Charter Schools/School Districts (Apache Junction – Peggy Mahica) Family Involvement Center MIKID 12-step adolescent DDD Support – Joe Perneski (rural) Survey Youth – rank interest Sedona Summit (12/05) HRTW SWI Fast Track program uses survey pre/post test -see if youth have learned -change behavior Arizona Integrated Girls Initiative Survey (recently 2004-2005) -ADJC website Plan future meetings ABIL user – teleconferencing capability Summer/school year	
Adjournment and Next Meeting		Monday, June 12, 2006 1pm – 3pm Room 345A, ADHS Bldg. 150 N. 18th Avenue-Captiol Complex	